



TESTIMONY OF THE CONNECTICUT JUVENILE JUSTICE ALLIANCE

**CHILDREN COMMITTEE
FEBRUARY 14, 2013**

REGARDING:

Proposed S.B. No. 169 AN ACT CONCERNING THE ASSESSMENT AND DELIVERY OF MENTAL HEALTH SERVICES AND INTERVENTIONS FOR CHILDREN

Proposed H.B. No. 5567 AN ACT CONCERNING CHILDREN'S MENTAL HEALTH

Sen. Bartolomeo, Rep. Urban, and members of the Children Committee, my name is Abby Anderson and I am the executive director of the Connecticut Juvenile Justice Alliance. The Alliance is a statewide, nonprofit organization working to reduce the number of children and youth entering the juvenile and criminal justice systems, and advocating a safe, effective and fair system for those involved. Thank you for the opportunity to testify today.

I am here today because the quality and availability of the children's mental health system directly affects the juvenile justice system. Mental health and juvenile justice are overlapping – but not identical – fields. Sometimes the distinction gets blurred. The juvenile justice system often serves as a de facto mental health system because the actual mental health system is inadequate to meet demand and is difficult to access. That needs to change.

Mental illness and delinquency are not interchangeable. I cannot stress that enough. Most children and adolescents with mental illness will never break the law. The juvenile justice system does, however, serve many with mental illness and a history of trauma. We owe it to these young people to provide effective treatment within the system and access to a continuum of supportive services outside the system so that they can be successful and remain out of trouble.

No one should enter the juvenile justice system solely because of mental health needs. Contact with the justice system puts young people at risk of educational failure and a host of other bad outcomes. The juvenile justice system is also one of the most expensive places to deliver services. Yet parents may be advised to have their child arrested because they cannot find anywhere else to get help. Imagine being told that the only way to help your sick child is to send him away in the back of a squad car.

At the same time, children should not be denied access to the services they need because of juvenile justice system involvement. Currently, having juvenile justice system involvement is an exclusionary factor in terms of access to DCF voluntary services. This is not acceptable, and we would ask that current as well as any new mental health services created in this state are available to ALL children – no matter what part of the system they may, or may not, have touched.

Connecticut does have effective community-based resources, but they must be scaled up significantly to meet the need. In some cases, services must be improved. Fewer children would enter the system inappropriately, if the state would:

Give school staff the information and resources they need to identify and manage emotional-behavioral problems. Of course, if we stop at identification and don't provide services, we merely create an opportunity for children to be stigmatized. CSSD, DCF and SDE have worked together through the School-Based Diversion Initiative to help communities make better use of Emergency Mobile Psychiatric Services. This type of effort should be expanded; it has been evaluated, and shows clear, positive outcomes.

Examine other initiatives that work with and in schools to provide mental health services. Much like the School-Based Diversion Initiative and EMPS, there are other models that work collaboratively with schools to reach children and families where they already are to provide key services. School Based Health Centers are one such example. About 80% of children who get mental health services access them at school. Let's increase resources where they are most likely to be used. Funding to create more of these centers was cut from last year's budget and those cuts were maintained in the Governor's proposed budget.

Improve the continuum of services for youth substance abuse treatment, both in- and out-patient. Advocates have long discussed the need for more community-based and inpatient substance abuse treatment services. Just like with adults, for many youth substance abuse and mental health issues are co-occurring. The juvenile justice system did an admirable job of transitioning to an older population after the Raise the Age change to include 16 and 17 year olds. More work remains, however, to ensure the juvenile justice system can appropriately serve these older adolescents with longer standing substance abuse and mental health issues and then help them successfully reenter the community. The mental health and substance abuse system for youth who are not in the juvenile justice system must similarly be improved.

Support more Juvenile Review Boards and make sure they have the resources to do their job. This community-based court-diversion model has been highly successful at connecting kids to services without involving the courts.

Consider the recommendations from the Office of the Healthcare Advocate's report on Connecticut's Mental Health system.

There are elements of the mental health delivery system that work well. Connecticut is on the cutting edge regarding some of its trauma services. But the system is fragmented and the services you can access depend upon how much money you have, where you live, what agency you are involved with and how you have been labeled. (As we said earlier, being involved in the juvenile justice system is an "exclusionary factor" in eligibility for voluntary services – the main way Connecticut youth receive behavioral health services through DCF.)

In closing, let me reiterate that mental health and delinquency are not interchangeable. They overlap to the extent they do now partly because we, as a state, country and society, have not yet figured out how to consistently and effectively provide all children and families with the access to behavioral health services they need when they need them. We have an opportunity to do the hard work needed to figure some of these issues out. I thank you for opening the doors for this discussion and for the effort I know you'll put in to discovering answers.

Alliance member organizations:

AFCAMP, Center for Children's Advocacy, Center for Effective Practice, CHDI Children's Community Programs, Connecticut Association for Human Services, Connecticut Legal Services, Connecticut Voices for Children, Connecticut Youth Services Association, Community Partners in Action, FAVOR, FSW, NAMI Connecticut and the Keep the Promise Coalition, Office of the Chief Public Defender, Office of the Child Advocate, RYASAP, The Tow Foundation, The Village for Families and Children